

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		49	1/31/01
O.I.P.E. CLASSIFIER		30814	5/16/01
FORMALITY REVIEW	IM		
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted

N Not a claim
 I Incomplete
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	0
7	0
8	0
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	0
17	0
18	0
19	✓
20	✓
21	✓
22	✓
23	0
24	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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